

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
1	/					
2		/				
3						
4						
5						
6						
7						
8		7				
9		/				
10		/				
11		/				
12		(1)				
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50						
TOTAL IND.	1					
TOTAL DEP.	19					
TOTAL CLAIMS	20					

	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
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TOTAL CLAIMS						